

## **Annual Report of Major Accomplishments and Outcomes** **July, 2010-June, 2011**

### **Analysis of Underreporting**

Analysis of occupational illness and injury under-reporting in Connecticut continues to be delayed due to data reporting issues from the Connecticut Department of Labor (CTDOL). The Connecticut Department of Public Health (CT DPH) receives all reports of occupational illnesses from the CT DOL. Beginning in 2008, significant staffing changes at CT DOL have impacted the timeliness of receipt of occupational illness reports. As a result a significant backlog has resulted, which initially affected the number of reports that were analyzed jointly by CT DPH and our collaborators at University of Connecticut Department of Environmental and Occupational Medicine. Estimates of under-reporting are currently being prepared by our partners at UConn and will be available in August 2011.

### **Occupational Health Indicators**

Our current funding has allowed CT DPH to complete analysis for all 20 *Occupational Health Indicators* for 2008. A summary data report of all compiled Connecticut indicators and profile demographic data was provided to NIOSH in June for 2008 data. The Connecticut-specific occupational health indicators web report will be updated this year with 2008 data. This report is disseminated to appropriate stakeholders, regional partners, and other interested parties. The report is also posted to the CT DPH website at <http://www.ct.gov/dph/occupationalhealth>. The web report includes summary data for each of the indicators along with information from the demographic profile, and also includes comparisons of Connecticut data to U.S. data.

### **Targeted Conditions**

Work-related asthma and heavy metal poisoning surveillance activities have continued during the past year. CT DPH received 137 mercury poisoning reports that were either  $\geq 15$  ug/L of whole blood or 35 ug/g creatinine in urine. Of those 172 reports, 14 were at the Connecticut Department of Public Health's follow-up level which is  $\geq 30$  ug/L of whole blood or 35 ug/g creatinine in urine however, no cases were determined to be work related. From July 1, 2010 to the present, there were two arsenic investigations. From July 1, 2010 to present, the CT DPH OIIS has received one work-related asthma report. Reports of work-related asthma were lower in 2010 and 2011 due to delays in the processing of physicians' reports at Connecticut Department of Labor.

### **Advisory Group**

The goals for the Connecticut Occupational Safety and Health Planning and Action Network (OSH-PLAN) have been accomplished through the collaborative efforts of partners from The University of Connecticut Division of Environmental and Occupational Medicine (DOEM), CT DPH, and other appointed members of the advisory group. The OSH-PLAN report's key objectives include priority occupational health hazards, emerging occupational health hazards, problems with existing systems and approaches, and potential solutions to problems. In January 2011, the OSH-PLAN report was published to the CT DPH website at <http://www.ct.gov/dph/occupationalhealth>. Currently, CT DPH is in the process of utilizing these findings to reestablish the Connecticut Occupational Health Clinics' meetings. In the past, these meetings brought together occupational health providers and other stakeholders in

Connecticut to discuss and present on current occupational health topics. The goals of this reestablished initiative include rotating the physical meeting site to the various funded occupational health clinics in CT, and utilizing the findings from the OSH-PLAN workgroup to drive meeting discussions.

### **Educational Activities**

The Occupational Health unit continues Health Alert publications on important occupational health topics. The summer 2011 Health Alert focused on promoting a directive that went into effect on June 16<sup>th</sup> 2011 that protects residential workers from falls. This directive includes requiring employers to provide fall protection systems to employees as required by the 1994 fall protection standard. This health alert will be sent to the Connecticut Department of Consumer Protection for distribution. Another activity focused on reducing the risk of lead poisoning for students who are members of rifle teams in Connecticut's schools. These rifle teams were found primarily in technical schools and in Connecticut's private high schools. The CT Occupational Health unit adapted an earlier fact sheet "Lead in Firing Ranges: Health Concerns" and geared it toward youth shooters. This fact sheet was distributed by e-mail to schools that identified as having rifle teams. Presently, program staff are developing a fire prevention safety checklist for employees in Connecticut's workplaces. This check list will detail simple ways to prevent fires in the workplace. In addition, a press release will promote this checklist and is slated for release in fall, 2011.

### **Regional Collaboration**

The 2011 Northeast Regional Surveillance meeting convened on May 2<sup>nd</sup> and 3<sup>rd</sup>. This annual meeting brings together all occupational health surveillance partners from throughout the Northeast States as well as federal partners from NIOSH to discuss various health topics of interest to our states. At this meeting, Connecticut presented an update on the implementation of two new web-based MAVEN databases, the Connecticut Occupational Illness and Injury Surveillance System and the Adult Blood Lead Epidemiology database. Additional presentations included an analysis of workforce characteristics and injury and illness distributions of Connecticut's young workers, along with a session on the utilization of real-time Poison Control Center data for sentinel event identification and investigation. Program staff attended the Consortium of Occupational State-Based Surveillance (COSS) meeting in Austin, Texas in November 2010. This meeting offered the opportunity to discuss the possibility of a collaborative project which would include several occupational health outcomes in a web-based query. This project has been particularly successful in part due to a well-organized workgroup. Currently, Connecticut has developed a template for indicator data on the Environmental Public Health Tracking (EPHT) Portal, and anticipates posting indicator data on the portal in 2011. Regular conference calls have been scheduled every two months and participating states piloted a data analysis in June 2011. Results from this data pilot were discussed on the July 2011 conference call. Next steps include the partnering states coordinating with their EPHT programs to examine the feasibility of applying the piloted data to their states EPHT portal.